1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	0515
*	5171 CERTIFICATE OF DEATH	Dist. No. 3
Page director	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside of STATE Maryland b. COUNTY F.	ence before admission)
death:	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL once RURAL once give nearest lown)	d give nearest town)
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inding the post	21. I certify that I attended the deceased fram. 4 1057, to 56, 1957, that I alive on 5, 1957, and that death accurred at 4, 4M, fram the causes and an	last saw the deceased the date stated above.
RECTOR	ACTUAL SIGNATURE They V Chase M.D. 4 F- Church State)	5/6/57
SPITAL O be retaine VERAL DI 3 shauld sgistrar pr	PHYSICIAN'S Henry V. Chase Frederick Ma	/
o HOSP may be page 3 the regi		e, Wash.Co.M
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gladhill Co., Middletown, Md. 240. REC'D BY REGISTRAR 240. REGISTRAR'S S DATE Way 1957 Elizabeth	IGNATURE 4 G. Heck
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05157
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pe d		CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town).	give nearest town)
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102		alive an, 19, and that death accurred at 4 10 PM, from the causes and an	the date stated abov
rior /		ACTUAL SIGNATURE	5/27/5
dror p		PHYSICIAN'S A.A. PEARRE FREDERICK	MA
the regis	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
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	1). D. Hartslee Hous Chuon Bridge MM DATE 31 May 1957 Elisal	the & Her

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

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I tem & F CERTIFICATE OF DEATH Reg. Dist No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. COUNTY P COUNTY MARYLAND Fred rick Laryland s rederick b GIRGOR FORMS (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CIPFOR TOWIT (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lime Kiln 40 yrs Rural Lime kiln HUT d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Lima Kiln ime .iln YES TI NO T NAME OF Middle 4. DATE Year DECEASED OF DEATH 19 5% May 2] Crampton (Type or print) Randelph 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH 9 AGE (In years IF UNDER LYEAR IF UNDER 24 HRS pletely birriday) Months Collored WIDOWED A DIVORCED [7] Lale popers 100 USUAL OCCUPATION (Give fund of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) 38833 Frederick Co. Ld. Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Cromvell West Crampton 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address lonrovia Ld. Rt.l Nettie Hackey 440 18 CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c). NTERVAL BETWEEN ONSEJ AND DEATH PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cosse (o), storing the underlying cours lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INSURY Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote): foctory, street, office bldg , etc.) Q. m. Not while al work of work p. m 19 5 Ahat I lost saw the deceased 21. I certify that I attended the deceased from 2. and that death accurred at 10:30AM, from the causes and an the date stated above. ADDRESS (Street, city or town. DATE SIGNED PHYSICIAN'S 30 West All Saints Street Fred. Md. NAME (Type) H.C. Rourne Ir FUNER 220 BURIAL CREMATIONS. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (Stote) REMOVAL (Specify) Fre crick, lid. lopehi 1 Lurial 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Charles E. Hicks 111 Fr-derick, Md. DATE 24 Wm 195 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1 / \		MARYLAND STATE DEPART	TMENT OF HEALTH—BALTIMORE, 18
. (M		• 5202 CERTIFI	CATE OF DEATH ()5164 Reg. Dist. No. 131
directo		PLACE OF DEATH O. COUNTY Frederick MARYLAN	2 USLAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Naryland COUNTY Frederick
99		b. CIDEOR ICEM (if outside corporate limits, write RURAL and give nearest town) Jefferson Rural 55 Years	1b c. CITTOR FOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural
200		or institution Lander Road	d street address Lander Road "is residence On a farm? Yes II no
es 1 on	3	NAME OF First Middle DECEASED (Type or print) SUSAN ELEANOR	DADE 4. DATE Month Day Year DEATH May 23. 1957
Fog	5.	Female White WIDOWED DIVORCED	last builded building
poper.	104	o. USJA. OCCUPATION (G we kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if retired) HOUSE-TOPK OWN HOME	NDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY Tennessee USA
000	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bol)		John L. Ball WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Mollie Cawood
72.2	13.	None (If yet, give war or dotes of service) None	Roger L. Dade, Sr. (Same as item #1)
seen signed by inc arrent ransit permit. Then plex I, and in any event with	NO	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
s the burial-in, ar remova	AL CERT FICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of injury in Port I or Port II of item 18.)
remotio	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20d. Mole of work of two two control of work of two control of two	e. PLACE OF INJURY (Home farm, 20f. (City or lown) (County) (Stole) foctory, street, office bldg., etc.)
Section After		21. I certify that I attended the deceased from alive on 19 7, and that de	ADDRESS (Street, city or town, stote) M.D. Jefferson, Maryland ADDRESS (Street, city or town, stote) M.D. Jefferson, Maryland M.D. Jefferson
ERAL E		PHYSICIAN'S A. T. Brice, M. D.	
poge the reg			et Cemetery Frederick, Maryland
5 (4) 2/55	23.	M. R. Etchison & Son, Frederick, Ma	Tylarid DATE 25 Way 957 Elichuto, G. Held

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Server 2	5203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	PLACE OF DEATH O. COUNTY D. STATE D
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
	UnionBridge R. F. De y life Micon Bridge R. J. D #T.
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street offdress) a. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES, NO
	3. NAME OF DECEASED (Type or print) A BATE Month Doy Year OF DEATH STANDARD 1 16 19 19 19 19 19 19 19 19 19 19 19 19 19
	5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE IN 1900 IFUNDER TYEAR IF UNDER 24 HRS
	male White WIDOWED DIVORCED april 30, 1896 21 rrs. Months Days Hours Min
,	100. USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 7. Presented 10. USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OF BUSINESS OR INDUSTRY USUAL OCCLEATION (Give kind of work done) 105 KIND OCCLEATION (Give kind of work d
8	13 FATHERS NAME 14 MOTHER'S MAIDEN NAME
	John Danis Margaret Crosse
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT
4	("on todar unknown) 111 yes, give wer or doing of service) 277-10-0627 Loy W. Davia 18A E. Fafth St miller
1	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]
	PART I. DEATH WAS CAUSED BY, Strong whatority hand my
	774 X DUE TO
	Conditions, If ony, which to go gave ruse to immediate cause
	(a), stating the underlying OUE TO
	FART I OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TION GIVEN IN PART 1(g) 19 WAS AUTOPSY
	PERFORMED? YES NO PE
	The Property of
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (C ty or town) (Caunty) (State), thousand the state of
	230 p. m. May 4 1957 of work of Hornel Uncontarring Ril Balenak Mix
	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 💆, Inquiry 💟, and find that
	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
	ACTUAL CHIEF MEDICAL EXAMINER [] DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S DO 3/10 mas DEPUTY MEDICAL EXAMINER 1 Name 17 957
	220 BURIAL, CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Side)
	Burial 5/2/57 Baust Cemetery Tyrone, Carroll, Maryland
a	23. HUMEN OBESTORS RIGHARDE ADDRESS AD

BUREAU Y. E.

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erol be		ь	RURAL and give	(If outside conearest town)	orporate limi	its, write	c. LENGT	H OF STAY	IN 16	c eff	OR TOWN (II			write RL	RAL and gr	ve riegr	est town)
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hin 2		5. SE	ype or print)	la coto			NED III NE	VER MARRIE		8. DATE OF		DEATH	O AGE III	- J	F UNDER 1	YFARIA		9 24 MEG
elely F			n female	whi		WIDOW		DIVORCE		5/	13/188	2	lous birth	day)		Poys	Hours	Min
comple comple popers	1	10a	USUAL OCCUPAT	ON (Give ki	nd of work	done 10b.	lang-if	BUS NESS O	RINDU	STRY 11 BI	RTHPLACE (State	or foreign	country)	7.5	12 CITIZ	EN OF	WHAT	COUNTR
			house:	ville	en it refired	9}	own	home			Har	yland			U.	S.		
in and proor	-	13. F	ATHER'S NAME								HER'S MAIDEN						•	
cate ve o				Statt							Virgin	ia Ke	ler.					
ertifi 3 phy rema 2 bou		15. V (Yes.	YAS DECEASED EV		ARMED FOR		social se	CURITY NO		NFORMANI	r snvill	e Cob	lent	Addre	ilal	oto	וייז(,	174
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sicia een rans		Z		HER SIGNIF			CONTRIBUT	ING TO DEA	TH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEA	SE CONDITIO	ON GIVE	N IN PART	1(a, 119	WAS A	AUTOPSY
phy phy ica ica ica ica		3	ly.														PERFOI YES []	RMED?
AN: Ti ending ficate b the bur ar ren			NG. ACCIDENT WOR CONTRIBUTING IF EITHER, NOTIFI	AS UNDEREN G CAUSE MEDICAL E	OF DEATH	20b. DES	CRISE HOW	/ INJURY O	CURRE	D (Enter no	iture of injury in	Part I or Po	rt II of item	18)				
r offi cert		MEDICAL	Oc. TIME OF INJU	RY Month,	Day, Ye		NJURY OCC		20e PL	ACE OF INJ	URY (Home, for , office bldg., et	m, 20f (Cit	y or lown)		(Co	unly]		(Stote)
PH fals fhis remo		WED.	Hour a. ji. p. m.		19	While at wor	k 🔲 at wa		100		, wine mag., e	C)						
ING SECTION OF SECTION			21. I certify t	hạt I atte	nded the	deceas	ed from,	1721	Z43	, 19	5-7 to_5	may	21	d 7	that 1 la	ist sav	v the c	decease
R A A S			olive on	Mar		181	-7	and that	death	occurre	d ot 6 P.	M, fro	m the cau	ises ai	id on the			
ATT OF			ACTUAL		0	5 4	1 1				-77. 1	ADDRESS [5	Street, city or	fown, s	late)			TE SIGNE
OR Ded			IGNATURE		- X-	4/1	rong.			M.D.	me	CLE TO	463			5	4	- 5
retail RAL D			HYSICIAN'S DAME (Type)	r, J	Eln	er İ	Îarn				751441	evou	1,].	٦.			
HOSI OY by FUNE 190-3			BURIAL CREMATH		ATE THEREC	OF (P)		OF CEME		4 .		22d. LOCA	TION (City,	OVM			(State)
5 5 5 8 4		23. P	UNERAL DIRECTOS	'S SIGNATU	D/ 1	1	ADD1		u '	GITE	V	D BY REGIS	10.00		RAR'S SIGN			
VS A15 (4) 15M 9/55			Jachill			470	toum,				DATE	Manie			0.00	Q	4	. h -
130, 7744	1				4						2	Hazal		-40.0	(ANCXX)		178	المرابع

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death

EUPEAU V. E.

TELL A.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05168
/ E.V		5178 CERTIFICATE OF DEATH	g. Dist. No.
, ,,,	1	PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institutions is a state of the s	esidence before odmission) Frederick
	-	p. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA)	
		Frederick 2 da. Thurmont D	
		d. NAME OF HOSPITAL (If not in baspital, give street address) OR INSTITUTION.	# 15 RES DENCE
		Frederick Mem. Hospital	ON A FARM? YES NO
	3.	NAME OF First Middle Last 4. DATE Month OF OF	Day Year
		Type or print) Ida Catherine Donnelly DEATH May. 2	5th. 19579
~	5.	lost bickday) Mo	NDER I YEAR IF UNDER 24 HRS
-	10	- INTEREST BUILDING DIVORCED COLUMN TRANSPORTED COL	
1	100	during most of working life, even if retired)	2 CITIZEN OF WHAT COUNTRY?
-/ (12	Housewife Own Home Thurmont Fredk . Co . Md	U.S.A
		Charles R. Miller Ellen E. Fogle WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 127 INFORMANT Address Address	·
\sim	[Ye	Onas -H. Donnelly Thurmont.)M)
	F	18 CAUSE OF DEATH [Enter only one cover per line for (a), (b), and (c)]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, A CO.	ONSET AND DEATH
		DUE TO bill and a	3069
		Conditions, if any, which I midd Tring let Cart me I describe	5 401(3
		gave rise to immediate out to DUE TO	3 722
		lying coute last. (c)	
	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Z.	Fraheter millitiz	YES NO P
	E F	20a. ACC DENT WAS UNDERLYING	
	2		
	MEDICA	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) factory, street, office bldg., etc.)	(County) (State)
	M	p. m. 19 at wark of work	
			at I last saw the deceased
		alive on 5/25, and that death occurred at 16 A.M., from the causes and	
,		ACTUAL ACTUAL ACTUAL ACTUAL	DATE SIGNED
1		SIGNATURE AND TE Church It	5/25/51
		PHYSICIAN'S Henry V. Chase Fraderich my	
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or co	unty) (Stole)
		day 28 1947 Ruriel United Brethern Com Thurmont.	MD
	23	FLINERAL DIRECTOR'S STONATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAL	R'S SIGNATURE
	L	aymond talager Thurmont. MD ARY 29 195	(tag . + 45°
			,/



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05169 5205 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY o STATE Frederick **b** COUNTY MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL and give rearest town) Thurmont yrs. Thurmont, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? E. Main St YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) George Harold Fleagle DEATH May 19 5 SEX 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE ('n years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthdoy) Months Davi Hours Male Alien. White Det. WIDOWED [DIVORCED I yrı 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if relified) 12 CITIZEN OF WHAT COUNTRY? Contractors Carpenter Maryland 13. FATHER S NAME ě 14 MOTHER'S MAIDEN NAME ö George W. Fleagle Carrie Barthalow 15 WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INSORMANT Address Yes WW Rachael Fleagle Thurmont. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET, AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which ' gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. O PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS ALTOPSY PERFORMED? YES NO T 20g ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 29d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, 20f (City or lown) (County) (Stote) Hour o m. foctory, street, office bldg., etc.) White Not while p. m. of work 19 5 C to Man 17 - 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 1/30 A.M. from the causes and an the date stated above. alive on. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 9 SIGNATURE 0 PHYSICIAN'S James K. Grav NAME (Type) FUNER, 220 BLRIAL CREMATION 225 DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d IOCATION (City tawn, or county) (Stote) pode Blue Ridge Cemetery Thurmont. Maryland 0 23_PUNERAL DIRECTOR'S SIGNATERS **ADDRESS** 240. REC'A BY REGISTRAR 149, REGISTRAR'S SIGNATURE Thurmont, Md. **VS A1S (4)** DATE 1SM 9/55

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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	Ι	21 I certify/that I attended the deceased from 1957, to 1957, to 1957, that I last saw the deceased alive an 1957, and that death occurred at 1957, from the causes and an the date stated above. ADDRESS (Street, citylor town, state) DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05173 5207 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY Frederick MARYLAND Frederick death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give negrest town] Garfield. Smithsburg. R.F.D.I Garfield Smithsburge.DL I.1 fat.1 Ma d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [NAME OF First DATE Middle Month Year Day DECEASED OF DEATH William (Type or print) Harne 1957 MAY 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (in years lost biglinday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED A DIVORCED [Male White June 713 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) School Teacher Public School Yellow Springs Fredkl.Co rarbon ofter 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME Annie Burrier геттоме 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Bulpu No Νo Smithsburg R.D 18 CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 7.5 IMMEDIATE CAUSE (a) **DUE TO** Generalized Arterio silerosis Canditions, if any which gove rise to immediate **DUE TO** 2.5 cottle (a), stoting the underlying couse lost PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLES WAS AUTOPSY PERFORMED? ú YES | NO FR 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED PEACE OF INJURY (Home form, Doy, Year 20f (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) While Not while ol work of work p. m 21. I certify that I attended the deceased from 19.5 That I last saw the deceased , and that death occurred at MDPM, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED å FUNERAL NAME (Type) 22d LOCATION (City town or county) 220 BURIAL CREMATION DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page Garfield Carmel Cem. Fredk.Co O 23 FUNTRAL DIRECTOR'S SIGNÂTURE-> nurmont, 24a, REC'D BY REGISTRAR MIL REGISTRAR'S SIGNATURE DATEMAY 6 57 15M 9/55

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uny de Uneral registre		(Type or print) John Thomas Harp & DEATH Many	5 1957
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Rog Pog		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inq	viry 🔀, and find that
Chie		death resulted from. Natural causes	□ .
o the DIR		SIGNATURE B. D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
KAL vol.		EXAMINER'S ASSISTANT MEDICAL EXAMINER 9	- 1057
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(M)	. 5182 CERTIFICATE OF DEATH
havrs after death.	Place of DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
	d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION 2) Dill Avenue on a farm? YES \(\subseteq NOKK \)
	NAME OF DECEASED (Type or print) ULYSSESS GRANT HOOPER DEATH May 9, 1957
	3. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. 19 19 19 19 19 19 19 1
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	21. I certify that I attended the deceased from
page 3 shaeld be the registror prior	PHYSICIAN'S B. O. Thomas, M. D.
the registror	220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stole) Burial Specify) 5-11-57 Mount Olivet Cemetery Frederick, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md. ADDRESS 240. REC'D BY REGISTRAR 2 SIGNATURE DATE (1) May 1957 Chical St. Etchi



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gistror pri	MEDICAL CERTIFI	Conditions, if all gove rise to it couse (a), storing lying couse lost. PART IL OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 201. I Certify the clive on ACTUAL SIGNATURE PHYSICIAN'S	DUE TO DUE TO DUE TO The which medicale the under the	20b DESCRIBE 20b DESCRIBE 20d INJUR While of work 12 5 Artin F 22c	HOW INJURY OCCURRED Y OCCURRED Not with a foot	NOT RELATED TO THE TERMI D. (Enter noture of injury in ACE OF INJURY (Home, form tory, street, office bidg, sic Coccurred at 2:15 M.D. East Chur- Same as a	Port I or Port II of item 20f (City or town) 30f, from the cat ADDRESS (Street, city or Ch Stop Free	95 7 that uses and or fown, store) derick.	(County) I last saw the the date sto	S AUTOPSI FORMED? INO [(Store de deceasi inted abo
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5184 CERTIFICATE OF DEATH Reg. Dist. No. 131 A COM PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Frederick **6 COUNTY** MARYLAND Maryland Frederick after death? b. CETY OR #64444 (If outside corporate fimits, write C. LENGTH OF STAY IN 16 c. CITY OR 104147(If outside corporate limits, write RURAL and give negrest fown) RURAL and give peorest town)
Frederick l Year Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) & STREET ADDRESS IS RES DENCI ON A FARM? OR INSTITUTION 315 West South Street Frederick Memorial Hospital YES TO NO X Pig NAME OF Middle DATE Month Yeor DECEASED OF ROY KEREER (Type or print) KLINE 1957 Mav 5. SEX 6 COLOR OR RACE 9 AGE (In years lost birthday) F LINDER I YEAR IF UNDER 24 HRS MARRIED KINEVER MARRIED B DATE OF BIRTH Months Days Male White DIVORCED [77] Aug 1907 WIDOWED [yes. popers 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Signe or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Iron & Steel Co. Maryland USA 6 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ŧ David C. Kline Mary Ellen Abb Bove 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mo 21/-10-1951 Mrs. Charlotte B. Kline (Same as item #2) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoling the underlying couse lost PART II DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179 WAS AUTOPSI PERFORMED? 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enler nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20s. PLACE OF INSURY (Home, form, Day. 20f (City or town) (County) (Stote) factory, street office bldg, etc.) Hour a p While Not while of work of work p. m. 21. I certify that I attended the deceased from ... 19 Fighat I last saw the deceased and that death occurred at_____ ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL 35 E. Church St., Frederick, Md. 6-3-57 SIGNATUR shoul Rex R. Martin, M. D. PHYSICIAN'S NAME (Typo) 220 BURIAL CREMATION, 226 DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) Rocky Springs Cemetery Frederick County Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland VS A15 (4) 15M 9/55

SECEIVED

BUREAU V. E.

	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
18 /E F . ST		. 5185 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17.8 (3)
should gremory	1.	PLACE OF DEATH C. COUNTY HARYLAND 2 USUAL RESIDENCE (Where deceased lived If Institution, Residence of STATE) B. COUNTY B. COUN	be before odmission)
Poge 4		b. CITY OR TOTAL (I confide corpora e limits, write RURAL and g and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOTAL III outside corporate limits, write RURAL and g	ive nearest town)
rector.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 23445.	ON A FARM? YES NO
nero d your fil	7	NAME OF DECEASED Middle Lost 4. DATE Month OF DECEASED Month Whom the Deceased Death Was 1	Day Year 7 1957
h. If go the further the factor t	27	SEX 6 COLOR OR RACE ? MARRIED [NEVER MARRIED B. DATE OF BIRTH 9. AGE (in year) (IF UNDER IN least benchary) Months De WIDOWED DIVORCED Quignet 16, 1912 444ye.	EAR IF UNDER 24 HRS
ond 3 th	100	JUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 ERTHPLACE (State or fareign country) 12. CITIZE Warning most of working life, even if retired)	S. A
S may b	13.	FATHER'S NAME. LIER TOURS I LEEN Should	
File po	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.	
n PM3 n PM3 permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caule for Course fo	HTERVAL BETWEEN ONSEY AND DEATH
in them of the for		DUE TO	
auld be pencil i olong w burial-h		gove rise to immediate cause (c), stoling the underlying cause lost. (c) stoling the underlying cause lost.	
ficate sh ling: in Office	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED? YES-NO
his certition of the ce	CERT FIG	20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCR.BE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part t of item 18.)	
The word five for 3 show	WEDICA.	20c TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (Cause foctory, street, office bldg., etc.) (Cause foctory, street, office bldg., etc.)	(State)
EXAM writing ilef Med ile. Pogo		21. I certify that I took charge of the remains described above, held an Autopsy (), Inspection (), Inquiry death resulted from: Natural causes (), Accident (), Suicide (), Hamicide (), Undetermined cause ()	X, and find that
.ficate, .ficate, of the Ch.		ACTUAL SIGNATURE BAD JP. 2724 M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
MUTY ME the cert. I prided to reckel to moval.		ASSISTANT MEDICAL EXAMINER	418,1957
Cute L farwa for ro	220	Buria, CHEMATORY 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCAT ON (C 1), fown, or county) RELEVANT (Spec 1) REV. 21.1957 St. Anthony Cem St. Anthony Fredk	.Go. M. MD
VS. A15ME(5) 5M 9/5S	23.	address Thurnen Date 20 May 195 Elicalus	IATURE L'ech

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TEEL I



(1	RURAL and give F. d. NAME OF HOS OR INSTITUTIO OR INSTITUTIO 3 NAME OF DECEASED (Type or print) 5 SEX Male 100 USUAL OCCUPA during most of w FATILIA 13 FATHER'S NAME	rederick Plat of not in hospital give street 302 West 7th Str First John He 6. COLOR OR RACE 7 AND White widow JOON (Give kind of work done) 10b rorking life, even if retired)	MARYLAND c. LENGTH OF STAY IN 16 15 yrs. reet Middle Parry Krepps Middle Parry Krepps Middle Parry Krepps	Frederic a STREET ADDRESS	b. COUNTY de corporate limits, write Rick et 7th Street DATE Monroe OF Mary Ma	Frederic URAL and give neone th Doy Y	k
	a. COUNTY b. CITY OR NOTE RURAL and give F. d. NAME OF HOS OR INSTITUT 3 NAME OF DECEASED (Type or print) 5 SEX Male during most of w Farmin 13 FATHER'S NAME	I (if outside corporate limits, write nearest town) rederick P TAL (if not in hospital give street) 302 West 7th Str First John He 6. COLOR OR RACE 7 ACC White WIDOW JON (Give kind of work done) 10b rorking life, even if retired)	c. length of stay in 16 15 yrs. reet Middle enry Krepps	e CITY OR TOWN (If ourse Frederic a STREET ADDRESS 1302 West tost 4	b. COUNTY de corporate limits, write Rick et 7th Street DATE Monroe OF Mary Ma	Frederic URAL and give neone th Doy Y	is residence on a farm? Yes No
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(4 [1	9	Own farm	Maryland	foreign Country)	U.S.A	
	/ U+II	.Krepps		14 MOTHER'S MAIDEN NAM	Holzappel		
	15. WAS DECEASED E	VER IN U.S. ARMED FORCES?		MFORMANT uilford L. Krep	ps- 1300 W.7	TITOUS	erick- Md.
		DEATH [Enter only one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		neimonia		INTER IONSE 30	VAL BETWEEN T AND DEATH
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r ⁱ ol -	alive on	that I attended the decea		occurred at 5 Pe)	M, from the causes of DRESS (Street, city or town,	and on the date	
drar prior	PHYSICIAN'S NAME (Typo)	Dr. James E. Sto	oner-Jr.	M.O. Walkersv	ille-Marylan	d	May !
- E	270. BUR AL CREMA- REMOVAT (Speci Burial	Hon 26. DATE THEREOF May 8-1957	Mt. Olivet	Cemetery	d. LOCATION (City town, o Frederick-	-Maryland	(State)
3	23. FUNERAL DIRECTO	or's signature w	Frederick-	Saryland DATE 9 W	N REGISTRAR 246 REGIS	STRAR 5 SIGNATURE	44 0

BUREAU V. S.

DECENTED TO

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()518() 13 5208 CERTIFICATE OF DEATH Reg. Dist. No. 343	1
director	LACE OF DEATH COUNTY Frederick MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) STATE Maryland B. COUNTY Frederick	
death funeral	RURAL and give necrest fown) Valkersville R.D.#1 (Rural) C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16 RURAL and give necrest fown) Valkersville R.D.#1 (Rural)	
by the	NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION ON A FAR Vear Woodsboro Near Woodsboro Is residen ON A FAR YES NO	M2
r 24 har irled n	TAME OF First Middle Lost 4 DATE Month Day Year OF DEATH LAKIN DEATH MARY 24, 195	7
d within	6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 White WIDOWED DIVORCED April 12, 1892 05 yrs Months Days Mours N	HRS Aur
ond comp ban paper er death.	JSUAL OCCUPATION (Give kind of work done during most of work ng I fe even if retired) Housewife At Home Maryland USA	INTRY/
ate so to the second	Samuel C. Sigler 14. MOTHER'S MAIDEN NAME Martha C. Snook	
ng physic remove 172 haur	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No 18 Or No	d.
he deatl	18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) South Crackward Management of the couse for time for (a), (b), and (c).]	THE ET I
d by the	d 60 × DUE TO Conditions, if any, which by Content Silvage gave rise to immediate 5 pts.	
require ian na segne naid pen and in a	tying couse fost. (c) Dardelelies mellettes 5 years	
The low g physic has bee prial-tra mayal,	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c) 19 WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN	D7
ritending tificate s the bu	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSE data of the certain transfer of the certain tran	Hour c. gr. White Not while tactory, street, affice bldg., etc.)	(lote)
ENDING	21. I certify that I attended the deceased from	bave
OR ATT	ACTUAL BOTTOM Professional Bldg., Frederick, Md. 5/27/5	
PITAL P retoid ERAL D 3 should platror	PHYSICIAN'S Dr. B. O. Thomas , Sr. Same ask above	
D HOS	BURIAL CREMATION 226 DATE THEREOF Zic NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, or county) (Stote) Burial May 28,1957 Reformed Cemetery Jefferson, Maryland	
VS A15 (4) 15M 9/55	R. Etchison & Son, Frederick, Maryland 240. REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE DATE 28 W. Gas 1957 Elizabeth S. Harle	0

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BUREAU V. S.

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1		MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18 15181
. * (M)	L	5187 CERTIFIC	ATE OF DEATH Reg. Dist. No. 3
and a second	1	PLACE OF DEATH COUNTY Tending of the second of the secon	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE b COUNTY
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by the d 2 sho		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR NSTITUTION TEND. I Emorial Hospital	d. STREET ADDRESS 101 W. Patrick St. YES NO ST
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d within detaily is Pog	5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED TOVORCED TO	B DATE OF BIRTH 9 AGE (Invitoria) 15 P 24 1085 70 yrs Months Days Hours Min
of the company of the	100	USUAL OCCUPATION, Give find of work done 106 KIND OF BUSINESS OR INDE	USTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
arbar poperities death		corrist camp o'mer tourist car	
Property I	₹3.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
a s s s s s s s s s s s s s s s s s s s	I	etrick Henry Lawson	Amplia M. Price
certific in physical		WAS DECEASED EVER IN U. S. ARMED FORCES? 36 SOCIAL SECURITY NO 17 (If yes, give wor or deten of service) NOTE	. Proofe Intron, Middleton, Mi
ndir Nin		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
of de de		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEVED ra	nemorrhage Jonsey and Death
the Thus		./ Due to A	
by de la by		Conditions, if ony, which) 61 HV TCV19-5	clerosis 5years
s gned t pero d in o		gove rise to immediate cotts (a), stating the <u>under-lying</u> couse last	
W FEB CONTRACTOR	N	<u> </u>	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
oyal	CATE	Diabetes : A	PERFORMED? YES NO
AN The conding finds he bur the bur tem	CERTIFICATI	20g ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I or Part II of Item 18)
r offi certal certal	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour o. m. 17th a 23	IACE OF INJURY (Home form, 20f (City or town) (County) (State) actory, street, office bidg., etc.)
The state of the s	ME	2,40 e.a. [] 0,31 1957 of work at at work	
TNG d So Di o Ji		21 I certify that I attended the deceased from May 1	6 , 1957, to May 31 , 1957, that I last saw the deceased
D 4 4 4 5		olive on 14 04 30 , 1957, and that Geat	h occurred ot 2:45/1M, from the causes and on the date stated above
d by a		ACTUAL Bernard O. Hurria of	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole)
TAL OR AL DIRECT PROUGHED THOU IN DESCRIPTION OF PROUGHED THOU IN THE PROOF THOU IN THE PROOF THOU IN THE PROOF		PHYSICIAN'S	Tr.
DSP DSP DSP DSP DSP DSP DSP DSP DSP DSP	220	BURIAL CREMATION, 226, DATE THEREOF 1226, NAME OF CEMETERY OF	
D HOY I		PEMOYAL (Specify) 6/2/1CE7 Wood?cjm	Conetery Laltinore, Md.
7 7		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/S5		Tabill Co., liddletom, I'd.	DATE 4 Kene 195 Elsabella J. Heck

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
\	. 5188 CERTIFICATE OF DEATH Reg Dist, No.
director.	1 PLACE OF DEATH a. COUNTY The La vic T MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE Maryland b. COUNTY Firederick b. COUNTY Firederick
decth be f	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ROCKY RIDGE RURAL ROCKY RIDGE
offer offer	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR A FARM? OF THE PROPERTY OF T
4 hours	3. NAME OF First Middle Lost 4. DATE Month Doy Year
rth n 2 ely fitte Pages	(Type or print) - JWAV RILID - OH G DEATH MAY 26 1957 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRDH 9 AGE (in years FUNDER 7 YEAR IF UNDER 24 HRS 10 to 10 introdor) Months Day's Hours Min
complete w	Male White WIDOWED DIVORCED Dec. 28, 1884 72 72 190 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHAT COUNTRY?
1 0 = 0 =	during most of working life, even if retired) Ret. Farmer Own farm Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
cate lle	Joseph Long Clara Winters
certification of physical phys	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Md. NO NO NO NO. 10 total of services No. 1 Inches No. 1 In
death itendar please	18 CAUSE OF DEATH [Enter only one coust per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY ONSET AND DEATH
by the o	18/x Due to general: 1 A A
uires the	Conditions, if ony, which gave rise to immediate cose (a), stating the under-
Secon Secon Fronst Fronst	
Tae lang phy e nos le n	YES NO. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
CIAE of the state of or or or	20b ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
EMYS fal or of this ce fremation	Hour o. m. p. m 19 While of work of work 19 of work
Affer Affer Affer Toll, coll.	21. I certify that Lattended the deceased from 5/16, 1957, to 5/26, 1957, that I last saw the deceased alive an 5/26, 1957, and that death accurred at 6 P. M. from the causes and an the date stated above
ATTE by the	ACTUAL 2/2 1/6/2 ADDRESS (Street, city or fown, stote) DATE SIGNED
AL ER A relained by N. DIRECT ould be our prior	PHYSICIAN'S Henry V: Chase Frederick Md
HOSEIT.	220 BUR AL CREMAT ON, 276 DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote)
moy b	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 2 4b. REGISTRAR S SIGNATURE
V5 A1S (4) 1SM 975S	S. L. Allison Emmitsburg, Md. pare

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()5184
6 (30	L	5209 CERTIFICATE OF DEATH Reg. Dist. No. 131
	١,	PLACE OF DEATH COUNTY Prederick MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before odmission) COUNTY Frederick
•	I	c. LENGTH OF STAY IN 1b RURAL and give negrest town) rederick—Rural RD#5 L6 Years C. LENGTH OF STAY IN 1b rederick—Rural RD#5
		d. NAME OF MOSP TAL (If not in hospital give street address) OR INSTITUTION Rocky Springs A. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO IV.
	3.	NAME OF First Middle Loss 4. DATE Month Duy Year OF DEATH MAY 28, 1957
	5	Female White widowed Divorced 19 Sept 1885 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White widowed Divorced 19 Sept 1885 9 AGE ('In years IF UNDER 1 YEAR IF UNDER 24 HRS In Under 25 HRS In Under 25 HRS In Under 25 HRS In Under 26 HRS In Under 27 HRS In Un
i	100	during most of working life even if retired) Own Home Maryland 12 CITIZEN OF WHAT COUNTRY WAS A WAS A
I	13.	FATHER'S NAME Henry L. Main Ann Rebecca Cline
1	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address None None None Security No. 17 INFORMANT Address (Same as item #1)
		THE CAUSE OF DEATH [Enter only one couse per lag for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO
0	ATTON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES IN NO TELEFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES IN NO TELEFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. jn. White Not with a of work
		21. I certify that I attended the deceased from AMIO 1970, to May 25, 1977, that I last saw the deceased alive an May 28 1957, and that death occurred at 9 P M from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNEY
1		ACTUAL SENIARD HUMOS MAD 228 No. Market Sto, Frederick, Md. 5-29-5
	20.	PHYSICIAN'S Bernard O. Thomas, Jr., W. D.
]	BURIAL CREMATION. 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 5-31-57 Mount Olivet Cemetery Frederick, Maryland (Stole)
	23.	M. R. Etchison & Son, Frederick, Maryland 240. REC'D BY REGISTRAR 246 REGISTRAR SIGNATURE DATE 29 May 1957 Elnabeth & Hech
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1		MAKTLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	05105
		5210 CERTIFIC	CATE OF DEATH	05185 g. Dist, No. 131
director, ed with	1	PLACE OF DEATH COUNTY Frederick MARYLANG	2 USUAL RESIDENCE (Where deceased lived if instrution R	rederick
death prerol		CONTROL OF STAY IN IN REPORT OF STAY IN IN IN REPORT OF STAY IN IN INC.	c. CTOF-OR TOTAL (If outside corporate limits, write RURAL Frederick-Rural-R.D.#4	L and give nearest town)
ns offer by ith		d NAME OF HOSP TAL fill not in hospital give street oddress) OR INSTITUTION Cap Stine Road	d STREET ADDRESS Cap Stine Road	e. IS RESIDENCE ON A FARMA YES NO
24 havralled in these I and	3.	NAME OF First Middle OKCEASED (Type or print) AMANDA BELLE	MATTHEWS OF Month OF MATTHEWS	Day Yeor 13. 19 57
l within 2 letely filles. S. Pages		emale White WIDOWED DIVORCED	T T T T T T T T T T	INDER 1 YEAR IF UNDER 24 HRS
executed and complete on papers, death.		USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INI during most of working life, even if retired) Housework House		USA
4 6 6 6	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
12 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		William Matthews	Martha E. Morela	nd
g physicia remove of	15	(no or unknown) (If yes, give war or dates of service)	INFORMANT Address	D. D. All. Manufland
	-		Mr. Charles P. Henry, Frederick,	
offendin within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY	010/10/20	INTERVAL BETWEEN ONSET AND DEATH
t the other Then vent		IMMEDIATE CAUSE (6) DUE TO	D-WWWWW	MUUNIA
d by the		Conditions, if any, which) (b) Nelestes all	rois	yours
require		gove rise to immediate couse (a), statute under: lying cause lost (c) 5 CALLLO	millitus	Gears
physic os beer all tron	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(g) IP WAS AUTOPSY PERFORMED? YES NO
AN: Talending ficole hite bur ent	CERTIF	200. ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of item 18.)	
PHYSIC of or oth this cert r use as emation,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. js. Wh.te of work of work 20 to work 20	PLACE OF INJURY (Mome, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Stote)
Feet Feet Feet Feet Feet Feet Feet Feet		21. I certify that I offended the deceased from North	122 . 1957, 10 . 5/43, 1967, th	of I last saw the deceased
St.		olive on 186, and that dec		on the date stated above.
HOSPITAL OR ATT oy be retained by t FUNERAL DIRECTO oge 3 should be te registrar prior		ACTUAL SIGNATURE SIGNATURES	ADDRESS (Street, city or fown, stote M.D. Professional Bldg, Frederic	and the second s
retained retained RAL DIRE should to later prior		PHYSICIAN'S Dr. James B. Thomas	Same as above	**************************************
O HOSPITAL may be retail O FUNERAL page 3 shoul the registrar	22	Burial Specify May 16,1957 Mount Olive		
7 4	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 246 REGISTRAL	R'S SIGNATURE
VS A15 (4) 15M 9/55	L	M. R. Etchison & Son, Frederick, Mar	yland DATED May 1937 Elyal	the 9. Deck

AGGI O

death.

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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e (M)			* * * * * * * * * * * * * * * * * * *	519	0 CERTI	FICA	TE OF DEA	TH		Reg. Dist.	No.	31
S S		PLACE OF DEATH	Frederick		MARI	LAND	2 USUAL RESIDENCE o STATE Mary		d lived If institute b. COUNTY			non)
		RURAL and give n	f pulside corporate limit parest town) Frederick	s, write	Lifetime	IN 1b	c CITY OR TOWN	(H outside corp. erick	orate fimits, write R	URAL and giv	e nearest tow	nj
12 Add		OR INSTITUTION	5 East Sot		,		d. STREET ADDRESS	5	h Street		ON A	DENCE FARM?
0 1 0		NAME OF DECEASED (Type or print)	Fin ELLA	M	Middle B.	MII	LER	4. DATE OF DEATH	May	ith		Year 19 57
rs Pag	5 :	Female	6. COLOR OR RACE	7 液酸酸 WIDOWE	BANGK WARK		8-27-1907		9 AGE (In years fast birthdoy) 49 yrs		YEAR IF UND	ER 24 HRS Min
bon pape er death	I Da	USUAL OCCUPATION during most of wor Housewif	ON (Give kind of work oking life, even if retired)	lone 106. I	KIND OF BUSINESS O	R INDUST	RY II BIRTHPLACE (S	iale or foreign o	country)		S. A.	
3,8	13	fathers name Joh	n E. Schill				14. MOTHER'S MAIDE	ise M.	Topper			
	15. (Yes	NO DECEASED EVE	R IN U.S. ARMED FOR (If you, give wor or dolum of to	rrice)	SOCIAL SECURITY NO 20-01-4568	1	FORMANT Tles E. Mi	ller-Jr		··· Fred Market		Md.
ony event within 72		PART I. DEA	mmediate (ac	o for (a), (b), and (c). set Co rteres.	ren zet	ary Ochirotee	elus Genr	en 1 clises	ne	INTERVAL BE ONSET AND I K	TWEEN DEATH
of-transit pe	CATION	PART II. OT	the under (c)		ONTRIBUTING TO DE	ATH BUT h	IOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFO	AJTOPSY ORMED?
or remo	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of injury	in Part 1 or Pa	1 II of item 18.)		1 163 []	NO LI
emotion.	MEDICAL	20c, TIME OF INJUR How a. n. p. m.	Y Month, Day, Yeo	r 20d. IN While at work	UURY OCCURRED Not while	20e. PLAt foci	E OF INJURY (Home, i ory, street, office bldg.,	form. 20f (Cit	or town)	(Cov	unly)	(State)
nould be the hed for		ACTUAL SIGNATURE	at I attended the 14. 5-19 There is a Robert S	195	2 and that		occurred at lli	20PM, frai ADDRESS (S		ind an the	date state	
page 3 si	220		N. ZZb. DATE THEREO	f	Mt. Olive				MON (City lown, o		(Stot	4}
	23	FUNERAL DIRECTOR		7.	ADDRESS ederick-Ma		nd 240 R	ECD BY REGIS	TRAR 246 REG	STRAR'S SIGN		tech
									đ	7		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 131 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived III institution. Residence before admission) a. COUNTY Frederick o STATE Maryland b. COUNTY Frederick MARYLAND b CITY OR JOWIN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. ENTOR TOWN (If outside carporate limits, write RURAL and give neares) town) Frederick Middletown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito , give street oddress) d STREET ADDRESS e. IS RES DENCE ON A FARM? DOA Frederick Memorial Hospital YES NO TO 3. NAME OF Middle 4. DATE Month Dov Year DECEASED (Type or print) PARK WALTER MILLS DEATH 30. 19 57 May 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE in years IF JNDER TYEAR IF JINDER 24 HRS los burtheby) Morths Dove Моил Mal.e White 16 June 1909 WIDOWED FT DIVORCED [7] Æ YII. Too USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITZEN OF WHAT COUNTRY? Employed Fort Detrick U. S. Army Maryland USA 5 e q 1, 2, moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Mills Ada Pfeifer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address If yes, may were or rights of services Mrs. Evelyn M. Mills P.M.3. Po link (Same as item #2) 18 CAUSE OF DEATH [Enter only one coute per line for (a), (b), and (c) NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gave rise to immediate cause long DUE TO (a), stating the underlying couse las . PART II OTHER SIGN. F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 0.5 PERFORMED? NO. 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Tem 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f (City or town) (County) (State) factory, street, office bldg., etc.) a. m. While Not while. at work of work Poge B ₹ 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes KX Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MED CAL EXAMINER 20 farworded t ASSISTANT MEDICAL EXAMINER EXAMINER'S B. O. Thomas, M. D. 5-31-57 DEPUTY MEDICAL EXAMINER IN NAME (Type) 224 NAME OF CEMETERY OR CREMATORY 270 BUR AL CREWATION 22b. DATC THEREOF 22d LOCATION (City, lawn, or county) (Stote) Reformed Cemetery Middletown, Maryland ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REG STRAR 24b REGISTRAR'S SIGNATURE VS. A1SME(5) M. R. Etchison & Son, Frederick, Maryland DATE 31 May 194 SM 9/55

BUREAU V. A.

THE CEINER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 tem 20 Film 220 9-15-7 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY **b** COUNTY Frederick MARYLAND Marvland Frederick b CITY OR NOW IT (If autual corporate limits, write e LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Frederick Buckeystown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Frederick Memorial Hospital YES NOX NAME OF Middle 4. DATE Month Year DECEASED John Morningstar (Type or print) Edgar DEATH Mav 19 5. SEX 6. COLOR OR RACE THE ARREST THE PRESENTATION OF BIRTH AGE (In years lost bighday) IF UNDER TYEAR IF UNDER 24 HRS Months Days Male White WIDOWED A **治疗结肠外的** 81 yrs 10s USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Foreman Canning factory Marvland U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George H. Morningstar Harriet E. Grimes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT Address Guip Mrs. Howard C. Hoffman-Buckeystown-Md. No 216-09-6611 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) 70 Fine DUE TO Conditions, If any, which gove rise to immediate DUE TO couse (o), stoting the underfring couse fort PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS ALTOPSY PERFORMED? YES NO RE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d INTURY OCCURRED PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (Stote) factory, street, office bldg ,_etc.) a. n Frederick rrea of work of work p. m 21. I certify that I attended the deceased from. 1945, to man 2-1, 19-5 7 that I last saw the deceased and that death occurred at 1:30P-M, from the causes and on the date stated above ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL SIGNATURE Professional Bldg.-Frederick-PHYSICIAN'S NAME (Type) Dr. B.O. Thomas-Sr. FUNER age 3 s 270 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) May 21-1957 Olivet Cemetery Frederick-Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Frederick-Maryland DATE & H

DECENVE!

BUREAU V. S.

5213 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e. COUNTY b. COUNTY MARYLAND Fraderick Maryland Montgomerv death b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown) RURAL and give nearest town) Chevy Chase d. NAME OF HOSP/TAL (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION in by and 2 Victor Cullen State Hospital Vale Street YES NO DE NAME OF Middle Lost DATE Month Year Doy DECEASED OF DEATH (Type or print) George Gilman Morse 1957 Ma v 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years last birthday) Months Doys Hours Min Male White July 28. WIDOWED A DIYORCED T 1973 popers. YEL 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPEACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Unknown Maine U.S.A. pou ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 203 Frederick Morse Rhoby Pierce н види hours 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ğ No Daughter- Mrs. Annette Clay. Washington. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] INTERVAL BETWEEN 2 months ₻ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Pulmonary Tuberculosis **DUE TO** Ē Conditions, If any, which permi gove rise to immediate **DUE TO** cause (a), stating the underlying couse last (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES X NO T 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY THome, form. 20f (City or town) (County) (Stote) Haur a. n. factory, street, affice bldg., etc.) While Not while of work at work 21. I certify that I attended the deceased from April 24, 19 57, to May 1, 19 57, that I lost saw the deceased ___, and that death occurred at 12:55 RM from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL Cullen. Md SIGNATURE ø PHYSICIAN'S Lyon, В. NAME (Type) 220. BURIAL CREMATION. 22b DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pobed (Stote) REMOVAL (Specify) 9 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 77 24g REC'D BY REGISTRAR 24b. REGISTRAR & SIGNATURE DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OBVISUED VECT 8 YAM

BUREAU V. S.



Dr. Hedrich: The cause of death in the case of Mr. Morse is a clinical diagnosis only; the final diagnosis will not known until the results of the microscopic examination the gastric cultures are reported to us. If there is a change in the diagnosis you will be informed accordingly.

I. B. Lyon, M.D.

Superintendent

Victor Cullen State Hospital Cullen. Mi.



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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	• 5193 CERTIFICATE OF DEATH	
W)	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. STATE b. GOUNTY	;
age of	b C TY OR Interval (if outside corporate limits, write c LENGTH OF STAY IN 1b c. GHT OR IOWAL (if outside corporate limits, write RURAL and give nearest town)	•
	FREDERICK 2 DAYS LIBERTYTOWN	
10 / St.	OR INSTITUTION FREDERIC MEMORIAL HOSP. ON A FABM? VESTION OF THE DIERIC MEMORIAL HOSP. RUPAL:	
95 1 Or 1	3. NAME OF DECEASED Lost 4. DATE Month Day Year OF DECEASED L. //4 MIN NOTH DEATH MAY 9 19 5-17	F
- 60 d	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 14 UNDER 1 YEAR IF UNDER 24 HRS	
pers 4	10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WMAT COUNTRY?	
on po	1400SEVIVE AT HOME MARYLAND U. 2.	
3,64	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
house	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
27 c	NO NO NOWE MPNASH, PREDERICK PURK MD	
pled	PART I. DEATH (Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH 3 dear, c	
Ther	11201 DUE TO 3 days	
ony ony	Conditions, if any, which) (b) Conquary Schooles 1/2425pl	1
3 := 2.5 2.5	coese (a), stating the under (ying cause tast)	
di. a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19 WAS AUTOPSY PERFORMED?	
Surial	TES NO DESCRIBE HOW INJURY OCCURRED (Error noture of injury in Port 1 or Port II of Idem 18.)	
\$ 5 2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Se os Solion	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a, m. 19 of work at work at work 19 of work 19 o	
5 5	21. I certify that I attended the deceased from May 7, 19.57, to May 1, 19.52, that I last saw the deceased	
	alive on 1957, and that death occurred at 30 A.M. from the causes and on the date stated above.	
	ACTUAL SIGNATURE -S- 12 Schooleven MD 22 PK/ Marker 18 5/9/12	
d bid prior	SIGNATURE - J - /C J c West Chiefer M.D. 22+ 1/ Marie / 1/ 5/9/17 PHYSICIAN'S C D C	
3 sha	NAME (Type) SIR SCITCH MAN FREDERICK MILR XI-HIN	D
be re	220 BLANDING SPECIFY 220 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 220, OCATION, City, town, or county) (STORE)	
e in	PUNETAL DIRECTOR'S SIGNATURE 240 REGISTRAR'S SIGNATURE	
5 (4) /55	D. D. Hardefer Song felierlylaver Ma. DATE 10 Way 1957 Elizabeth y. Horb	
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5 3	MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 (1011)
J	5194 CERTIFICATE	E OF DEATH Reg. Dist. No. 3
director led att	PLACE OF DEATH COUNTY FREDERICK MARYLAND 2 U MARYLAND	USUAL RESIDENCE (Where deceased I ved I if institution: Residence before admission) b. STATE MORY / LAND COUNTY FREDERICK
deoth unerol	PLIPAL mad awa sterrail fronts	c. CITY OR IOWNT (If outside corporate limits, write RURAL and give nearest town) FREDERICK
by the f		d STREET ADDRESS 136 E. 5 th 5T. e is residence on a farm? YES NO
24 hours 1 and in	3 NAME OF First Middle P. P. Print Print Middle P. P. Print	RICE DEATH MAY 16 - 1957
d with r	Male White WOOMSO B DIVORTSO B 3	ATE OF BIRTH 3 - 9 - C1 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Nost birthday) Months Days Hours Min.
execute an pope death	100 USLA. OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) OPERATOR-CRUSHER QUARRY	Maryland U.S.A.
sic on o	Daniel W. PRICE	SOIROLF F. HULL
neertifi ing phy ie remo	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORM 17 INFORM 17 INFORM 18 SOCIAL SECURITY NO. 17 INFORM 17 INFORM 18 SOCIAL SECURITY NO. 17 INFORM 18 SOCIAL SECURITY NO. 17 INFORM 18 SOCIAL SECURITY NO. 18 INFORM 19 SOCIAL SECURITY NO. 18 INFORM 19 SOCIAL SECURITY NO. 19	LINWOOD PRICE-136 E. 5th ST. Md.
ne death	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OCULA OTIONA	y artery Thrombosis Minterval Between ONSET AND DEATH
s that the state of the state o	Conditions, if any, which) (b) Choo coclose	ti Heart Disease
require on signer	gave rise to immediate coduc (a), stating the under tying cause fast (c)	
phys of phys	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	Myccardial Infant VES THO []
IAN T fending froote the but	OR CONTRIBUTING I CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	nter sature of injury in Part I or Part II of item (18)
PHYSIC ial or at this cert r use as	Too Time Of INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE O While Not while of work all work	OF INJURY (Home, farm, 20f. (City or town) (County) (State). Itreet, affice bldg., etc.)
NDING e baspit After ched fo rial, cr	21. I certify that I attended the deceased from Face. / alive on Am 24, 1857, and that death occur	, 1955, ta May 16 , 1957, that I last saw the deceased curred at 25 A.M. from the causes and on the date stated above
OR ATTER	SIGNATURE & Kunn & Strue M.D.	ADDRESS (Street, city or town, state) Md. DATE SIGNED HW 3 21 St Frederic 5-16-5
TAL TAL Shoul	PHYSICIAN'S of 1-mas E. STONIZ	
o HOSPI and be o FUNES page 3:		hur Pelilen NR KEMPTOWN-Md.
VS A15 (4) 15M 9/55	23 EUNERALDIRECTOR'S SIGNATURE ADORESS REDEINA & Son Trederick n	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CL. DATE & May 1957 Elizabeth & Herb

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YELL IE YAM

BUREAU V. S.

1					AND STA			T OF HEALTI E OF DEATI		IMORE, 1	0	5195
director, led with		1	PLACE OF DEATH				2 1	USUAL RESIDENCE (W	here deceased	lived if national b COUNTY		fore admission)
		L.,	Frede	The second secon		MARYLAND		Maryla			Washing	
be			B. CITY OR TOWN I RURAL and give r	(if outside corporate limit nearest town)		NGTH OF STAY IN 16		c CITY OR TOWN (IE	autude carpor	ate limits, write R	URAL and give n	earest tawn)
P	•	L	Culle	TAL (If not in hospital, g		114 days	-	Hagerst d. STREET ADDRESS	OWN			
£ -5	ny		OR INSTITUTION			\$}			v** - 1			e. IS RESIDENCE ON A FARM?
in by and 2	7			len State H				108 Buena				YES NO NO
10			NAME OF DECEASED	Fin	-	Middle		Last	4. DATE OF	Mon		Day Year
## Mes		5.	(Type or print)	ULYSS 16 COLOR OR RACE		Grant	10.0	Rider ATE OF BIRTH	DEATH	Ma;		1957 IR IF UNDER 24 HRS
completely fu copers Page ath		3.				NEVER MARRIED	_			AGE (in years out birthday)	Months Doys	
ers ers		100	Male	White ON (Give kind of work of	WIDOWED [DIVORCED []		cember 30.	1890	66 yrs	12 CITIZENI	OF WHAT COUNTRY
	- 1	1.00	during most at war	rking sile, even if retired)			UŞIKI			miryj		
2 5 5	•	12	Blacksmi	rn	W. M.	Railroad	110	Maryland Mother's Maiden			U.S.	A
10-1	10	1,3,		A dam			- '		_			
physician imave car havrs aft	I	15	J. C. R	ER IN U. S. ARMED FOR	CESS 114 SOCIA	AL SECURITY NO 17	IMFOI	Alice Sem	Ter	Addi	-Acc	
		(re	i, no, or unknownj	(If yes, give was as dates of se	prvice)		_	-		nuoi	477	
ding ose ri in 72	F	=	Yes CAUSE OF OF	W.W. I ATH (Enter only one cor		10-4925	na	ceased			List	ITERVAL BETWEEN
F P P P P P P P P P P P P P P P P P P P				ATH WAS CAUSED BY	D.,3		-07	l-ni-			lo _k	VSET AND DEATH
hen ent			002	IMMEDIATE CAUSE (6)		onary Tuber	cul	10818				14 yrs.
by t				DUE TO								
8 E 6			Conditions, if a	Immediate (
sign t pe			cottse (a), stating lying couse lost.									
000		Z		L (C)	DITIONS CONTR	IBUTING TO DEATH BE	JT NO1	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART NO	19 WAS AUTOPSY
מולה לי		RICATION			-							PERFORMED?
Ser Ser			20a ACC DENT W	AS UNDERLYING D	206 DESCRIBE	HOW INJURY OCCUR	RED (Er	nter nature of injury in	Part I or Part	11 of item 18)		100 110
2 2 6		CERT	OR CONTRIBUTION	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)								
P 8 8		3	20c TIME OF INJU	RY Month, Day, Yea	r 20d. INJURY	OCCURRED 20a.	PLACE (OF INJURY (Home, for	n, 20f. (City	or town)	(Count)	y) (State)
ose ose		MEDICAL	Hour a, m. p. m	19	While I of work		ioctory,	street, affice bldg., et				
for #		1		hat I attended the			3	, 19.51 , to N	ev 1	10.57	that I last	saw the deceased
Aft Ped rat,			alive on A	pril 30./	19_57	omy veryer	<u>د</u>	curred at 6:00				
5			dive on	N	/	, una mor dea	IN OC	roused of ATANT		the causes a set, city at town,		ate stated above
			ACTUAL	JM	1. 11.			Cullen.	,-	,,,	1.	vav 1. 1957
DIRECT Id be			SIGNATURE		76		, M.D.		WAR			233
AL			PHYSICIAN'S NAME (Type)	I. B. Lyo	n, M.D.							
3 S S S S S S S S S S S S S S S S S S S		220	BURIAL CREMAT	ON 275 DATE THEREO		NAME OF CEMETERY	OR CR	EMATORY	22d LOCATI	ON (City, town, o	ir county)	(State)
			REMOVAL (Specific			Rose Hill	-			erstown.	/1	Mil.
5 °=		23	FUNERAL DIRECTO	and the state of t		ADDRESS	-	240. REC	D BY REGISTR		STRANZ SIGNAT	
A1S (4)	16 M	1	U.J. No	ment	Hanes	Oloren	. //	Mc. DATE N	9v 7.	1957 4	11/2/5	111
5M 9/5S					/		- ,5//				4.7	

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OBVIBUDIN

1			5195 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05196
2= 1			1 5195 Itom 22a-FilmC21:-6 CERTIFICATE OF DEATH Reg. Dist. No. 131
director,	M		1 PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE Maryland b COUNTY Frederick
S S			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
35		ŀ	Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE
67 H	-	7)	632 Military Road 632 Military Road YES NOTE
ed in b			3 NAME OF PIEST Middle Loss 4. DATE Month Day Year DEVELOP OF PEATH MAY 37 10 57
Poges		-	
			5. SEX 6. COLOR OR RACE 7 MARRIED MINEYER MARRIED 8. DATE OF BIRTH 9 AGE (In yours FUNDER 1 YEAR IF UNDER 24 HRS Male White WIDOWED DIVORCED 16 Sept 1899 57 birthday) Months Days Mours Min
ond completely fitted bon papers. Poget er death	1	-	Owner Storm Window Business Onio 12 CITIZEN OF WHAT COUNTRY: Owner Storm Window Business Onio 13 CITIZEN OF WHAT COUNTRY: Owner USA
of er	si		13. FATHER'S NAME
ysic ove ove			Willard R. Shockley Mary Furnace 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Address
og ph			No [[] yes, give not or dota of serice] 162-22-0989 Mrs. Catherine H. Shockley (Same as item #1)
endir leose thin		-	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]
e off			PART I. DEATH WAS CAUSED BY: Broulewastine Contain and Small
± 1 × ×			Conditions, if any, which)
med b			gove rise to immediate couse (a), stating the under
cion.			lying couse lost. (e)
phys chos been moved.	-		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMEDS YES NO. 1.
fending ificate the by			206. ACCIDENT WAS UNDERLYING CONTRIBLE TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBLE MAS UNDERLYING CONTRIBLE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.)
tol or ol this cert or use os remotion			20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. pt 19 Of work
Affer ad fo			21. I certify that I attended the deceased from Fale 1. 1957, to 31 Miles 195 Dithat I last saw the deceased
4 0 4 5 5			alive on 3/1/2 (12 19 5), and that death occurred at 9:15 A.M. from the causes and on the date stated above. ADDRESS (Sweet, city or town, stote) OATE SIGNED
NRECT d be			ACTUAL SCHATURE ALL W. 3rd St., Frederick, Md. 6-3-57
RAL DI should stror pr			PHYSICIAN'S Thomas E. Stone, M. D.
moy by Poge 3			220 BURNET CREMATION 225-DATE THEREOF RC NAME OF CEMETREY OR CREMATORY (City, town, or county) (Stole) Environment (1) 6-4-57 Mount Olivet Cemetery Frederick, Maryland
2			23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	-	į	M. R. Etchison & Son, Frederick, Maryland DATE U June 195 Elizabeth J. Hech

BUREAU V. E.

NECETAENS.

W.O O.	1713 5 -7 /
. 5216 CERTIFICATE OF DEATH	Reg. Dist. No. 131
1 PLACE OF DEATH O. COUNTY 1 PLACE OF DEATH O. COUNTY 1 PLACE OF DEATH O. COUNTY 1 PLACE OF DEATH O. STATE Vin 112	If institution: Residence before admission) b COUNTY
b CTY OR TOWN (If outside corporate limits, write RURAL and give hearest town) C. LENGTH OF STAY IN 1b C. CTY OR TOWN (If outside corporate limits, write RURAL and give hearest town)	mits, write RURAL and give nearest town}
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM?
	YES (NO)
DECEASED OF	Manth Day Year 37 11 1 7 19
lost	E (in years IF UNDER 1 YEAR IF UNDER 24 MRS b rthdoy) Months Days Haurs Min
10a USJA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSERY 11 BIRTHPLACE (State at foreign country) during mest of working life, even if retired)	
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	7. 3.
Chapter Trentitin Cinason Susan Jacobs	
15 WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Address
No Miss Alice Simpson -	- Lovettsville, la.
PART & DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a) LA CAUSE (b) LA CAUSE (c) LA CAUSE (c	10 10
Canditrons, if any, which)	,
gave rise to immediate cause (a), stating the under-	
lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	DITION GIVEN IN PART 1,0) 19 WAS AUTOPSY PERFORMED? YES NO
	item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a ft. D. m. 19 Of INJURY OCCURRED White Not white of work of wo	vn) (County) (State)
21. I certify that I attended the deceased from	., 195 7that I last saw the deceased
alive on 1957, and that death occurred at 7'276M, from the	causes and on the date stated above
ACTUAL SIGNATURE MISCONNESS (Street, or M.D. LINE TEMPSEL)	DATE SIGNED
PHYSICIAN'S Dr. A. B. Var A. tor	7
REMOVAL (Specify)	City, town, or county) (State)
	Ing, Virginia
M. R. Etchison & Son, Frederick, Maryland DATE Way 1957	1 2 to 9 to 9. 1.

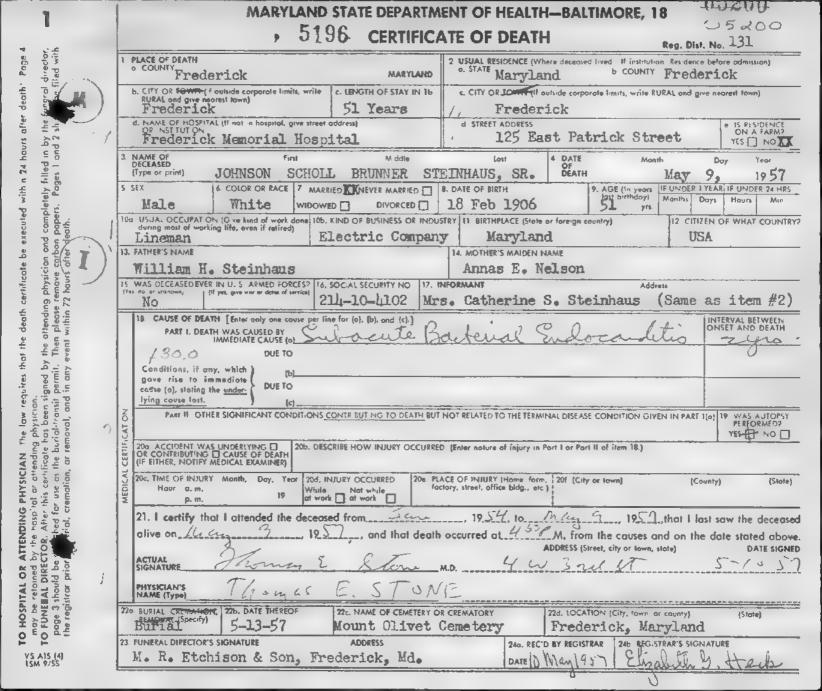


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3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05198
4.8 ≤		5200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ose expould be	-	PLACE OF DEATH 2 USUAL RESIDENCE (Where decaded lived. If lestitution: Residence before admission)
4 sho		Frederick Maryland & COUNTY Frederic K
any.	1	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) ond give negrest foun)
	-	Brunswick Brunswick
rector.	4	d NAME OF HOSPITAL OR INSTITUTION (16 not in hospital, give street address) 704 N. Maple Avenue on A FARMS 704 N. Maple Avenue
elay of dra rar p		
nay d nerc your sgish		OFFICE SED (Type or print) Williem William Snoots 5 57
He for the form	3	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE, in years 9. AGE, in years White Widowed Disposer Divorced 3-20-1892 9. AGE, in years 40 Months Doys Hours Min
3 to t	-	TEXT ATTER MIDWED DIAGRED NO.
क हिला	1.	during most of working life, even if retired)
G . 4 5 4	廾	Retired Car Inspector B. & U.R. R. CO VIRGINIA 13. FATHER'S NAME
t hours a less may pages 1, 2, pages 1 c		Stephen Snoots Darcius Magaha
24 hot Poges oge 5 s		15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
S S S S S S S S S S S S S S S S S S S	-	No Mrs.Feleicia Snoots, Brunswick, Marylan
PMC W		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) COPORRY OCCUSION
Form it pe		IMMEDIATE CAUSE (a) OUT STIRLY GOOD AND THE TO
with with irons		Conditions, if any, which] ghs
ong viol-		gave rise to immediate cause (a), stating the underlying DUETO
4 5 0 0 0 0 0 0		couse lasi (c)
ng ' Offic d as		PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES
er s er s		206 EXTERNAL CALSE WAS 206 DESCRIPE HOW INTERVIOUR Feder Debute of June 19 Bottler Part II of Hern 19 1
o sid		PR MARY D or CONTRIBUTING D CAUSE OF DEATH.
Work Work Shoul		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work at work
MINE gangana gangana		Heur a. m. While Not while of work of
XX TAN		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
A S		death resulted from: Natural causes
ificote of the old		ACTUAL SIGNATURE 6 7 7 2 2 2 M.D CHIEF MEDICAL EXAMINER 5-5-1957 PATE SIGNED
Certificertific		ASSISTANT MEDICAL EXAMINER
PUT Irre orde NER		EXAMINER'S NAME (Type) B.O. Thomas DEPUTY MEDICAL EXAM NED
forw forw or re	1	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
5 . 5 .		Burial 5-7-1957 Mt.Olivet Frederick, Maryland 23. FUNEFAL DIRECTORS SIGNATURE ADDRESS DA 24d REC O BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME(5)	ľ	Brunswick, Maryland May 7 1057 4 . 13
5M 9/55	Ļ	15. he pare Oligende Durkey

BUREAU V. B.

DECENTED TOO





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BUREAU Y. E.

7261 68 YAN

BECEINED

- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05201
	(14)	5197 CERTIFICATE OF DEATH Reg. Dist. No.	31
director.		1 PLACE OF DEATH O. COUNTY	admiss on)
ام ام		b C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CHT OR TOWN (if outside corporate limits, write RURAL and give neare	st town)
Sur		EVRAL and give neorest town) Fredays X Thurmount	F 431.44
by the	,	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
ried in b		3 NAME OF DECEASED (Type or print) Charles H. Stite St	Year 19 (~ 7
letely file	Alex.	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 2/2/90 PAGE (A years Months Days II) WIDOWED DIVORCED	Hours Min
cample	= 1	100 USUA, OCCUPATION, Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF during most of working life, even if reticed)	WHAT COUNTRY?
an and c	ofter death	Motorman Freik. Hageretown R.R. Thurmont. MD U.S.A.	
		Jacob Stitely Mary Freshman	
phys c	72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no. or unknown] [If yes, give wor or dotse of serves.]	
ding	elfin 2		VAL BETWEEN
affer a ble	1 3	PART I DEATH WAS CARRED BY	months
a the	26.0	5.25 X DUE TO	
يَ مُ	on y	Conditions, if any, which (b) Cor ful monals	you
on 1 s gne	er pu	Lying course lost (c) Dulmonary filrosis	- 26 m
ysic y	d.		WAS AUTOPSY PEREORMED?
de p	e 3 d		YES NO
endir licate	5	20a ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING C CAUSE OF DEATH OR CONTRIBUTING C C	
ol or off his certification	ematian,	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED White Not white of work of work of work of work of work of work.	(Stole)
Fer 1	5	21. I certify that I altended the deceased from 5/4/57,19, to 5/6, 1957, that I last saw	the deceased
5 4 € 5 7 € € 5	, Bi	alive on, 19, and that death occurred at PM, from the causes and on the date	
d by 1	() ()	ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 4 - (447(45)	DATE SIGNED
retorne RAL DI	g rot s	PHYSICIAN'S Henry V. Chase Frederick Md	
FUNE FUNE	2	220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or country) RMT 1 al 191 May 9.1957 United Brethern Cem. Thurmont Fredk Co M	(Stole)
5 5 5	r =	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1.3
VS A15 (ISM P/S	4)	Thurmont MD DATE 8 Way 1957 Elizabeth &.	ttels

BUREAU K. R.

7861 O1 YA*

BECENTEL

1 _	_	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1521)2
Es e (K	5	5218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
d shaule		o. COUNTY Tradarak MARYLAND 2 USUAL RESIDENCE (Where deceased I ved if institution Residence before admission) a. STATE Maryland D. COUNTY Tradarak
Page Page		b. CHTOR TOWN (If aviside corporate limits, write RURAL and give nearest fown) Rocker 17 M. Rocker 146
r is nector es prior	0	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? YES \(\sum NO \sum \)
y dela neral a your FI gistrar		3. NAME OF DECEASED (Type or print) Marshy 26 1957
h. If or hed for he for he for he for		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (m yours) IF UNDER LYEAR IF UNDER 24 HRS Not bentholdy Hours Min.
and 3 to decident of 2 wife		100 JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I so		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 16. Johnson Rhadia Lewis
in 24 ho re Page 5 Page 5 File pag	_	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 17 (17 year, give wear or declas of service) 2/24/44-4470 Charles G. Yward 2/24
18. Gib 1 PM3. ermit		18 CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] PART I, DEATH WAS CAUSED BY.
execution of the state of the s		8 L J X DUE TO MANUELLE
penci i lang w	1	Conditions, if any, which gove rise to immediate cause (c), stohing the underlying couse last,
cate shand in I		PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
s certifi perd properts the use		200. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING [] CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED, (Enfort nature of Injury in Part I or Port II of I from 18.)
VER The word coal Exam		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY Mome form 20f (City or lown) (County) (5 ate) Hour o. m. While Not while foctory a rose office bldg etc.)
XAMII Ting the Med is Page		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inqu'ry, and find that
cote w		death resulted from: Natural causes Accident Suicide Homicide Undetermined cause
TY MEI to certificated to the total	2	SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] EXAMINER'S PATO ASSISTANT MEDICAL EXAMINER []
cule the farware or remo		NAME (TYPE) D. () Harmas DEPUTY MED CAL EXAMINER DEPUTY DEPUTY MED CAL EXAMINER DEPUTY
27	y I	Burial 5-29-57 Mt. Bethel Methodist Garfield Frederick Md. 23 TURERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC D BY REGISTRAR 240 REG STRAR S SIGNATURE
VS A15ME(5)	N	Tayment ((16a 162-Thurmont, Md. DATE 29 May 1957) Elyabeth & Hech



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INSTRUCTIONS

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05204

5220 CERTIFICA	REG. Dist. No. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Maryland county Frederick
CMY (If outside corporate limits, write RURAL LENGTH OF STA	V CITY (Il outside corporate limits, write RURAL and give neerest town) OR
TowRural - New Windsor 38 yr	s. Rural New Windsor
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (W rural give location) ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type of Prim) ENINA -	WETZE DEATH MAY 14 1057
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8 RACE WIDOWED, DIVORCED,	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR 15 LINDER 24 HRS.
female white seewidowed 3	-17-1878 79 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even H OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. C.TIZEN: OF WHAT
rokohousewife own home	Maryland U.S.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph M. Baile	Laura Flickinger
15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unit.) (II Yes, give wer or detec of service)	
no none none	Raymond J. Wetzel, Same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
*	ilitation and Emaciation
GIVING RISE TO THE ABOVE CAUSE	ight kidney and ureter
STATING UNDERLYING CAUSE LAST. DUE TO Infected ki	dney (chronic)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
190 DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21- ACCIDENT WAS INDEPLYING TO LONG DATE.	YES NO
213. ACCIDENT WAS UNDERLYING 216 PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work	
22. I hereby certify that I attended the deceased from	12. 18. 19. 5 6. to 5 17 , 19. 5 7, that I last saw the deceased
alive on St. 1.1. 195. 7 and that death occur	rred at
SIGNATURE J. H. Legg M.	ADDRESS (Street, city, town, state) DATE BIGNED
	ERY ON CREMATORY LOCATION (City, town or county) (State)
	Creek Carroll Co., Maryland
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz. Winfield, Md.
DATE STATE NATE OF WITH	A MATON'S MITHTACK MACO

" N UABILLE

1961 Liver

DE VIEW .

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5198 **CERTIFICATE OF DEATH** Rep. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 16 Years Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 12 East Fourteenth Street 12 East Fourteenth Street YES NO KK . = NAME OF DATE Middle Last Month Year DECEASED (Type or print) ERNEST CLIFFORD DEATH 19 57 WILHIDE, SR. May 9. AGE (In years lost birthday) 63 yrs 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED [7] IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days lli Feb 189h Hours White Male DIVORCED ET WIDOWED [100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Painting Maryland HSA ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Charles E. Wilhide Martha Eyler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 219-12-2129 (Same as item #L) Mrs. Mabel L. Wilhide No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ō IMMEDIATE CAUSE (a) ments DUE TO Canditians, If any, which permit. Bued gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) Haur a. m. factory, street, office bldg., etc.) While Not while at work all work p. m. 1947, that I last saw the deceased 21. I certify that Lattended the deceased from 4 and that death occurred at 9:40A M, from the causes and an the date stated above. glive on, ADDRESS (Street, city or town, stole) ACTUAL 4 E. Church St., Frederick, Md. DIRECTOR PARTY SIGNATUR 70 6 PHYSICIAN'S Henry V. Chase, M. D. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PARAMOVAR (Specify) Mount Olivet Cemetery Frederick, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE M. R. Etchison & Son. Frederick. Maryland

BECEIVED

BUREAU V. S.

CONTRACT TOTAL

Mark steel while I have a committee

* 2961 '8 Nn."

funeral director, be filed with H TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate llas been signed by the attending physician and completely filled in by followers director page 3 should be packed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 has be filled with the registrar prior, burial, cremation, or remayal, and in any event within 72 hadrs and death.

VS A1S (4) 15M 9/55

AADVIAND C	TATE BEDAR	TRAPPLE APL	ICALDII BALDI	MADE TO
MAKTLANU S	HAIL DEPAK	IMENI OF F	HEALTH-BALTI	MORE. IB
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05206

5221 CERTIFICATE OF DEATH

Reg. Dist. No. 139

_	PLACE OF DEATH o. COUNTY Frederic			MARYLAND	2. USUAL RESIDENCE (WI a. STATE Maryland	nere declared liv	b. COUNTY	Anne Ar	
	 LOTY OR TOWN (III RURAL and give ne 	f autside carporate limits, wri earest lown)	te c. LENG1	TH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	timits, write Rt	* * .	
_	Cullen			days	Linthicum			Odxa.	-w
	OR INSTITUTION	At (If not in hospital, give st	eel oddress]		d. STREET ADDRESS				e. IS RESIDENC
	Victor Cu	llen State Ho	spital		28 Annapol	is Road			YES NO
	NAME OF DECEASED	First		Middle	last	4. DATE	Mont	th D	lay Year
	(Type ar print)	Bertha		Ruth	Zimmerman	OF DEATH	May	26	157
5.	SEX	6. COLOR OR RACE 7. A	AARRIED NO	EVER MARRIED	B. DATE OF BIRTH	9,	AGE (in years last birthday)		R IF UNDER 24 H
1	Temale	White WID	OWED 🗆	DIVORCED [Jan. 1, 1903	5	yrs.	Months Doys	Hours Mi
	. USUAL OCCUPATIO	ON (Give kind of work done	10b. KIND OF	BUSINESS OR INDU		or foreign count	hy)	12. CITIZEN	OF WHAT COUN
	during most at work	king life, even if refired)		McCorry C					.A.
12	Saleslady				14. MOTHER'S MAIDEN N			0.0	
1 40 2									
_	John C.				Lena Cris	T.			
15. (Ye		R IN U. S. ARMED FORCES?	16. SOCIAL SE	CURITY NO. 17. I	NFORMANT		Addr	ers	
	No				Deceased				
		ATH (Enter only one cause po TH WAS CAUSED BY: IMMEDIATE CAUSE (o)			berculosis	_		ON	TERVAL BETWEEN
CATION		the under (c) (c)	NS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(0)	19. WAS AUTOP PERFORMED? YES NO
-	20g. ACCIDENT WA	S UNDERLYING [20b.	DESCRIBE HOV	N INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Port II	af item 18:)		
CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING [20b. CAUSE OF DEATH MEDICAL EXAMINER)							
MEDICAL CERTIFIC	20c. TIME OF INJURY Hour a. st. p. m.	Y Manth, Day, Year 20	d. INJURY OCH	while for	ACE OF INJURY (Home, form ctory, street, office bldg., alc), 20f. (City or	town)	(County) (5h
	20c. TIME OF INJUR Hour a. gr. p. m.	Y Manth, Day, Year 20	hile Not work Of we	while for	ctory, street, office bldg., atc				
	20c. TIME OF INJUR Hour a. g., p. m. 21, I certify th	Y Manth, Day, Year 20 19 of at 1 attended the dec	hile work Not work of work	while ork for	ctory, street, office bidg., alc	ay 26,	, 19.57	,that I last s	ow the dece
	20c. TIME OF INJUR Hour a. gr. p. m.	Y Manth, Day, Year 20 19 of at 1 attended the dec	hile work Not work of work	while ork for	tory, street, office bidg., elc., 19.57, to N. occurred at 135 A	ay 26,	, 19 <u>.57</u>	,that I last s	aw the dece
	20c. TIME OF INJUR Haur a. gr. p. m. 21. I certify th alive on <u>Ma</u>	Y Manth, Day, Year 20 19 of at 1 attended the dec	hile work Not work of work	May 22 and that death	tory, street, office bldg., elc., 19, 57, to No. occurred al. 135 A	fay 26, M, from the ADDRESS (Street	he causes a	,that I last s nd on the de	caw the dece
	20c. TIME OF INJUR Hour a. g., p. m. 21, I certify th	Y Manth, Day, Year 20 19 of at 1 attended the dec	hile work Not work of work	May 22 and that death	tory, street, office bidg., elc., 19.57, to N. occurred at 135 A	ay 26,	he causes a	,that I last s nd on the de	aw the dece
	20c. TIME OF INJUR Haur a. gr. p. m. 21. I certify th alive on <u>Ma</u>	Month, Day, Year 20 19 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	hile work Not work of work	May 22 and that death	tory, street, office bldg., elc., 19, 57, to No. occurred al. 135 A	fay 26, M, from the ADDRESS (Street	he causes a	,that I last s nd on the de	caw the dece
MEDICAL	20c. TIME OF INJUR' Hour a. fl. p. m. 21. I certify th alive on	Manth, Day, Year 20 19 19 10 of 1 attended the dec- y_25, 1 I. B.	hile work of we eased from 2 57	May 22 and that death	tory, street, office bldg., elc., 19.57, to Noccurred al. 135 A	My 26, M, from the ADDRESS (Street Cullen,	he causes a	"that I last s nd on the do state)	caw the dece
MEDICAL	20c. TIME OF INJUR Hour a. fl. p. m. 21. I certify th alive on	Manth, Day, Year 20 19 19 10 of 1 attended the dec- y_25, 1 I. B.	hite work of we eased from, 9 57	while for ork 22 and that death	n occurred al. 135 A	My 26, M, from the ADDRESS (Street Cullen,	he causes a l, city or fown, Md.	"that I last s nd on the do state)	caw the dece ate stated ab DATE SIGNAY 26, 1
MEDICAL	20c. TIME OF INJUR' Haur a. fl. p. m. 21. I certify th alive on Ma ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify)	Manth, Day, Year 20 19 10 I attended the decidence J. 25, 1 I. B. N. 22b. DATE THEREOF May 29, 1957	intermediate work of we work of the work o	May 22 and that death	M.D	ADDRESS (SINCE) Cullen,	he causes a l, city or fown, Md.	"that I last s nd on the do state)	caw the dece of stated of DATE SIGNAY 26, 1'

BUREAU K. E.

TEL TE YAM

BECEINED